Substitute for form 1449/PTO				Complete if Known		
				Application Number	10/723,164	
INFORMATION DISCLOSURE				Filing Date	November 26, 2003	
STATEMENT BY APPLICANT			ANT	First Named Inventor	Targan, Stephan R.	
				Art Unit	1644	
(Use as many sheets as necessary)				Examiner Name	Nora Maureen Rooney	
Sheet	1	of	1	Attorney Docket Number	025663-001201US	

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No.1	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant
		Number Kind Code ^{2 (Fincent)}			Figures Appear

FOREIGN PATENT DOCUMENTS								
Examiner Initials*	Cite No.1	Foreign Patent D	ocument			Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	
		Country Code ³	Number ⁴	Kind Code ⁵ (if known)	MM-DD-YYYY		or Relevant rigules Appear	

		NON PATENT LITERATURE DOCUMENTS	
Examiner Initials *	Cite No.1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
	AA	WILLIAM S. MOW, et al., Association of Antibody Responses to Microbial Antigens and Complications of Small Bowel Crohn's Disease; Gastroenterology 2004:126:414-424.	
	AB		
	AC		

Examiner Signature	Date Considered	

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 809. Draw line through citation if not in conformance and not considered, include copy of this form with next communication to applicant.

**Applicants funds catalon designation mumber (optional), "Applicant is to place a check mark here if English language Translation is attached.